

Best Available Copy

POSITION	ID NO.	DATE
CLASSIFIER	59	10-9
EXAMINER	65085	12-12-97
TYPIST	65085	12-12-97
VERIFIER	65085	12-12-97
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final Original	
1 ①	03/02/98
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SYMBOLS

- ✓ Rejected
- = Allowed
- (Through numeral) Canceled
- + Restricted
- N Non-elected
- I Interference
- A Appeal
- O Objected

Claim	Date
Final Original	
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